## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	Joel Maio	la				
II. Name of lobbyist's pa	artnership, i	irm or c	orporation, if an	y:		
McLane Middleton	Governme	nt & P	ublic Strate	gies, LLC		
(Name o	f partnership,	firm or co	orporation)			
900 Elm Street, E	P.O. Box	326	Mancheste	er	NH	03105-0326
Business Address: (Street	)		(Town/City)		(State)	(Zip Code)
(603) 628-1485		(603)	625-5650	e-m	ail_joel.m	aiola@mclanegps.com
(Telephone)			(Fax)			
III. This statement cove reportable expense trans						nay file a separate report for
☒ All reportable transac	tions occurri	ng in the	months prior to th	ne reporting da	te relative to	the following client:
NH Hospital Assoc		Nont as it	appears on the Lob	huigt Dagigtestia	n Form)	
OR	un Name of C	Alcin as n	appears on the Loo	oyisi Kegisirano	ii roiiii)	
	•	obbyist (i	ncluding the lobb	yist's family),	or the lobbyi	ng firm listed below which are
IV. Date of Report	April 26, 201	7 🗌		July 26	5, 2017 🗍	
_	from date of r		n to 3/31/17	activity from 4	/1/17 to 6/30/1	17
	October 25, 2 ivity from 7/1/		0/17	Januar activity from	y 31, 2018 🗌 10/1/17 to 12/3	
V. There have been no If this box is checked, con Concord, NH 03301.						
VI. Check if additional	reports are a	ttached	:			
☑ If you have received	fees or made	expendi	ures, you must fil	e Addendum	A – Fees and	Expenses
☐ If you have paid an h Expense Reimbursement	onorarium o	reimbur	sed expenses, you	must file Add	endum <b>B</b> – R	Report of Honorariums or
☑ If you, your firm, or y	your family h	ias made	political contribut	tions, you mus	file Addend	Ium C- Political Contributions
Sworn Statement/Affirm I have read RSA 15, RSA and complete to the best of (Signature of lobbyist)  Joel Maiola	15-B, RSA of my knowle	14-C and			offirm that the	e foregoing information is true
(Print Name of lobbyist)						

# STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

· ·		
I. Name of Lobbyist(s) Joel Maiola		
II. Name of lobbyist's partnership, firm or corporation, if any:		
McLane Middleton Government & Public Strategies, LLC		
(Name of partnership, firm or corporation)		
III. Name of Client NH Hospital Associaton	Date	10/25/17
<ul> <li>IV. Fees Received</li> <li>Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The grareduced by any expenses:</li> <li>a) Total of all fees received in this reporting period</li> <li>b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)</li> <li>c) Total of all fees received to date (Add lines a and b)</li> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	a) \$ b) \$ c) \$	public relations services int reported shall not be 25,000.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if emay be filed aggregate to expenses; (b) it is than \$10 the dwith a valuating period one of greater er than \$25, 1, expense rei	expenditures are made by for the lobbyist(s)/firm otal of all expenses paid the aggregate total of all chased during a business hat is given to the person of \$25.00 or less); and of greater than \$25.00 fo than \$25, purchase of a but not greater than \$50 mbursement, or politica
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a) \$	
in a), of \$25 or less.	b) \$	
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period	d) \$	25,000.00
(Add lines a, b and c)		
e) Total of expenses paid this calendar year, prior to this reporting period	e) \$	50,000.00
(This should be the amount on line f of addendum A for last month's report)		
f) Total of all expenses year to date	f) \$	75,000.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from l period, including by whom paid or to whom charged.	obbying fees d	luring this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that the for	regoing information
is true and complete to the best of my knowledge and belief.	in that the for	egoing information
	,	,
Senil	10/s	117
(Signature of lobbyist)	(Da	ate)
Joel Maiola		
(Print Name of lobbyist)		